

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Consent to Termination of
Parental Rights (Judicial)**_____
a person under the age of 18._____
Date of Birth

Case No. _____

Under oath, I state:

1. My name is _____

My address is _____

My date of birth is _____

2. I am the (check one) ☐ alleged ☐ adjudicated ☐ natural
 (check one) ☐ father ☐ mother of this child
 This child ☐ was ☐ was not born during a marriage between myself and the other parent.

3. I have been informed and understand that a court order terminating parental rights will permanently end
ALL legal rights and duties that exist between myself and this child, such as:

- Duty to support
- Right to custody and visitation
- Right to inherit

4. I wish to give up any parental rights that I may have to this child and consent to the court entering an order
 terminating my parental rights.

5. I give up the right to know of any future hearing or proceedings in this matter.

6. I am making this decision on my own free will. No promises or threats have been made to get me to sign this
 document.

Subscribed and sworn to before me
 on _____

Signature_____
Notary Public, State of Wisconsin_____
Name Printed or Typed

My commission expires: _____

Date

APPROVAL OF GUARDIAN AD LITEM
 (Needed for minor or incompetent parent)

I am the guardian ad litem for the above named parent who is a
☐ minor ☐ incompetent. I am familiar with the facts. I join in
 the consent to the termination of this person's parental rights.

Signature of Guardian ad Litem_____
Name Printed or Typed_____
Date**CERTIFICATE OF JUDGE**

I certify that I am the judge of the _____
 court of _____ County, State of
 _____, a court of record.

The above named parent appeared before me on this date. I
 questioned this parent and found this consent to be informed
 and voluntary before I accepted it.

Signature of Circuit Court_____
Name Printed or Typed_____
Date